

Rosendorff C, Lackland DT, Allison M, Aronow WS, Black HR, Blumenthal RS, Cannon CP, de Lemos JA, Elliott WJ, Findeiss L, Gersh BJ, Gore JM, Levy D

**Treatment of Hypertension in Patients With Coronary Artery Disease:
A Scientific Statement from the American Heart Association,
American College of Cardiology, and American Society of Hypertension**



J Am Coll Cardiol 2015;65:1998-2038.

1. Page 2002, Table 2, the footnote marked with a dagger previously read, “†Chlorthalidone is preferred. Loop diuretic should be used in the presence of HF (New York Heart Association class III or IV) or chronic kidney disease with glomerular filtration rate $<30 \text{ mL} \cdot \text{min}^{-1} \cdot \text{m}^{-2}$.” It has been updated to read, “†Chlorthalidone is preferred. Loop diuretic should be used in the presence of HF (New York Heart Association class III or IV) or chronic kidney disease with glomerular filtration rate $<30 \text{ mL} \cdot \text{min}^{-1} \cdot 1.73 \text{ m}^{-2}$.”
2. Page 2002, Table 3:
 - The first row ($<150/90$ Age >80 y IIa/B) has been deleted.
 - The second row, in the third column, the “Class/Level of Evidence” read, “I/A.” It has been updated to read, “IIa/B.”
 - The fifth row, in the third column, the “Class/Level of Evidence” read, “IIb/C.” It has been updated to read, “IIb/B.”
 - The sixth row, in the third column, the “Class/Level of Evidence” read, “IIb/C.” It has been updated to read, “IIb/B.”

<http://dx.doi.org/10.1016/j.jacc.2016.08.026>